

Please Read Instructions On Page Four

CDFA Project Number: _____
Project Name: _____
Supplemental Project Number: _____
Dollar Amount: _____
Date of Request: _____

Information Security Officer Certification

As this agency's Information Security Officer, I have reviewed the proposed application that will access or maintain confidential or sensitive information through the use of the proposed workgroup computing configuration or products. I certify that adequate security precautions have been established and that the proposed application complies with all applicable security and confidentiality requirements included in the State Administrative Manual.

Date

Information Security Officer

Program Manager Review

As the manager who has supervisory responsibility for the individual or individuals who will use this workgroup computing configuration or product, I have determined that the acquisition is justified in support of the accomplishment of unit objectives, and the individual or individuals who will be using this configuration or product will receive appropriate training.

Date

Program Manager

WC Coordinator Review

As this agency's Workgroup Computing Coordinator, I have reviewed the proposed use of this workgroup computing configuration or product and have determined the use to be consistent with our agency's approved Workgroup Computing Policy and the Statewide Workgroup Computing Policy. The technical specifications for hardware and software are consistent with the proposed use.

Date

Workgroup Computing Coordinator

Certification

I certify that I am the agency director or designee, that the matters described herein are consistent with this agency's current information management strategy and information technology infrastructure; that the matters described herein are subject to the provisions of SAM Section 4819.3 et seq. and are in conformity with the criteria and procedures for information technology prescribed in SAM; and that the foregoing statements are true to the best of my knowledge and belief.

Date

Les Lombardo, Director of Planning, Information Tech. and Training

STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
WORKGROUP COMPUTING JUSTIFICATION

Program:	_____
Unit:	_____
Program Manager:	_____ Phone:_____
WC Coordinator:	_____ Phone:_____

Need:

- ☐ Laptops and desktops currently used are older machines operating at lower speeds with less than adequate RAM and/or storage. Due to the complexity of update/new operating systems, programs, and data requirements, it will be necessary to replace older computers.
- ☐ Software needs to be upgraded to provide for the additional functionality of newer versions.
- ☐ Other (Please attach description).

Alternatives:

- ☐ Continue using older laptops and desktops with lower operating speeds, less than adequate RAM, and/or storage.
- ☐ Continue using lower versions of software without upgrading.
- ☐ Other (Please attach description).

Technical Specification:

(Attachment to be completed by the manager with technical assistance from the WC Coordinator.)

DEPARTMENT OF FOOD AND AGRICULTURE
WORKGROUP COMPUTING JUSTIFICATION

**Proposed use of this workgroup computing product
(system, hardware, software or associated items):**

Will the use involve applications development that requires programming?
(See definition of programming in SAM Section 4989.1.)

or

Will this be used for the sole purpose of replacing a terminal
or to emulate a terminal?

or

Will this be used to upload data to databases by persons outside the
workgroup? (Exclude processing and E-mail files from consideration.)

or

Is this a specialized or dedicated single-purpose configuration for such
applications as dedicated word processing, computer-aided design (CAD),
desktop publishing, programmer workbench, or artificial intelligence; rather
than a general-purpose configuration?

or

Will this be used to process critical applications, as defined in SAM
Section 4842.11?

yes

no

☐☐

If you answered "yes" to any of the questions in this section, your request for workgroup computing commodities cannot be justified through the use of the Workgroup Computing Justification Form. Consult the Workgroup Computing Coordinator before proceeding.

Budgeting and Planning Requirements

- | | | |
|---|--|---------------------------------------|
| 1. Will the acquisition of this workgroup computing product cause the estimates in the agency's Supplementary Schedule of Equipment in this year's budget to be exceeded? | yes
<input type="checkbox"/> | no
<input type="checkbox"/> |
| 2. Will a budget augmentation or revision be required to fund the acquisition or support of this workgroup computing configuration or product? | yes
<input type="checkbox"/> | no
<input type="checkbox"/> |
| 3. Will the proposed configuration be used to provide direct public access to State databases by private sector organizations or individuals? | yes
<input type="checkbox"/> | no
<input type="checkbox"/> |

If you answered "yes" to any of the questions in this section, special reporting requirements must be approved by the Office of Information Technology before proceeding with this justification and acquisition. Consult the Workgroup Computing Coordinator before proceeding.

Confidential or Sensitive Information

- | | | |
|---|--|---------------------------------------|
| 1. Will the proposed configuration be used to access, process or store confidential information which is exempt from disclosure under the provisions of the California Public Records Act (Government Code Sections 6250-6265) or other applicable State or Federal laws? | yes
<input type="checkbox"/> | no
<input type="checkbox"/> |
| 2. Will the proposed configuration be used to access, process or store sensitive information that requires special precautions to protect it from unauthorized modification or deletion? | yes
<input type="checkbox"/> | no
<input type="checkbox"/> |

If you answered "yes" to either of the questions in this section, your proposal to use a workgroup computing system to maintain or access files containing confidential or sensitive information must be certified by your agency's Information Security Officer.

INSTRUCTIONS

Purchase of Computers and Computer related items:

1. Each purchase of computers and computer related items must be covered by an approved Workgroup Computing Justification or Feasibility Study Report.
2. Feasibility Study Reports are to be completed in accordance with the State Administrative Manual Guidelines and submitted through the Information Technology Office.
3. Workgroup Computing Justification Forms are to be prepared in accordance with the Department format.

Workgroup Computing Policy Coordinators:

There should be a Workgroup Computing Policy Coordinator in each program who shall be the Program's Information Technology Officer or another person designated for this purpose by the Program Director.

Assignment of Workgroup Computing Project Numbers:

Effective with the 1997-1998 Fiscal Year the division Workgroup Computing Policy Coordinator will assign numbers to each Workgroup Computing Justification Form using the YY_DI_NNN format.

YY= The first number of the fiscal year. For example, the number for the 1997-98 fiscal year would be "97". For the 1998-99 budget year it would be "98".

DI= The division or group using the following abbreviations:

AD	Departmental Administration
AI	Animal Industry
EX	Departmental Executive Group
FE	Fairs and Expositions
IS	Inspection Services
MK	Marketing Services
MS	Measurement Standards
PI	Plant Industry

NNN= The sequential number assigned to this division's request starting with 001 each fiscal year.

Note: For supplemental requests under the original justification, add a letter to the end of the number sequence. For example, the first supplemental would be letter "a", the second letter "b", etc.

Signatures:

Prior to submission to the Office of Information Technology for approval, the following signatures should be obtained:

- | | | |
|-----------------|-----|---|
| the
Security | (a) | Information Security Officer (where required). Currently, the Information Security Officer position is vacant. |
| | (b) | Program Manager in the Program Manager Review section. This should be the Branch Chief or other such person as may be delegated. |
| | (c) | Workgroup Coordinator in WC Coordinator Review Section. This should be the Program's Information Technology Officer or another individual designated by the Program Director for this purpose. |
| | (d) | Certification section should contain the following signature block for execution by the Office of Information Technology: Stan Wirth, Director of Planning, Information Technology and Training |

Note: No other signatures are required on this document unless the Program wants additional approvals.